

<i>SERFF Tracking Number:</i>	<i>GRJR-126149085</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42564</i>
<i>Company Tracking Number:</i>	<i>CLI144</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Flexible Premium Adjustable Life Insurance Policy/Flexible Premium Adjustable Life Insurance Policy</i>		

Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Form CLI-144-AR (5/09),
Flexible Premium Adjustable Life Insurance Policy

TOI: L09I Individual Life - Flexible Premium Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Status: Closed-Approved-Closed
State Tr Num: 42564

Co Tr Num: CLI144

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Jennifer Henley, Deborah Naegele, Cindy Traurig, Karen Eichler

Date Submitted: 06/03/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Flexible Premium Adjustable Life Insurance Policy
Project Number: Flexible Premium Adjustable Life Insurance Policy
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This form has been filed in our state of domicile, Ohio, and approval is pending.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/22/2009

Explanation for Other Group Market Type:

State Status Changed: 06/22/2009

Deemer Date:

Created By: Karen Eichler

Submitted By: Jennifer Henley

Corresponding Filing Tracking Number:

Filing Description:

FEIN: 31-1213778

NAIC: 76236

SERFF Tracking Number: GRJR-126149085 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 42564
Company Tracking Number: CLI144
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/Flexible Premium Adjustable Life Insurance Policy

Subject:

The Cincinnati Life Insurance Company
Individual Life Forms Filing
Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy

Replaces:

Form CLI-139-AR (10/05), Flexible Premium Adjustable Life Insurance Policy, previously approved by your Department on January 4, 2006, SERFF Tracking No. USPH-6HRK8Q476, State Tracking No. 31153

Dear Sir or Madame:

We are submitting the subject form for your review and approval. This form is new and will replace the previously approved form referenced above. The implementation date for this form will be upon your approval.

This form is a flexible premium adjustable life insurance policy that is designed to provide death benefit protection at a low cost to the policyowner. The Continuation of Coverage provision provides that the policy will remain in force until the maturity date, even if the cash value becomes zero, as long as the Accumulated Premiums Paid is equal to or greater than the Accumulated Monthly Guaranteed Premiums. A more detailed description of Continuation of Coverage is provided in the Actuarial Memorandum and Continuation of Coverage section of the policy. The issue ages are 18 through 75.

Nothing in the submitted form has been previously disapproved by your Department. Please be assured that this filing contains no unusual or possibly controversial items from our normal Company practice of industry standards.

This policy will be marketed by an independent agency force to the general public for general life insurance purposes. There are no marketing or issue restrictions from our normal sales practices.

This policy will be illustrated in accordance with your jurisdiction's illustration regulations.

Please note the submitted policy form is identical to the policy form it is replacing with the following differences:

- a) a new underwriting class, Super Select Plus, has been added
- b) the current per unit charge period has increased from 10 years to 20 years
- c) the guaranteed and current maximum monthly per unit charges have changed
- d) the monthly guaranteed premiums have changed
- e) the current cost of insurance rates have changed
- f) the Table of Monthly Guaranteed Cost of Insurance Rates Per \$1,000 of Specified Amount and the Table of Monthly

SERFF Tracking Number: GRJR-126149085 State: Arkansas
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Guaranteed Premiums pages have been moved so that they are now located before the Table of Contents

g) the 3rd paragraph under the Policy Value, General, section of the policy on page 16 has been revised to more accurately describe when the monthly deduction occurs -

from: At the beginning of each policy month, including the first, we will make the deduction described in the Monthly Deduction provision.

to: At the beginning of each policy month, after the first, we will make the deduction described in the Monthly Deduction provision.

Form CLI-1030, Application for Life Insurance, which was previously approved by your Department on June 20, 2008, or any other appropriate approved application in the future, will be used with this form.

A Flesch Score Readability Analysis was done, and the test score is 51.5.

This form has been submitted to our domiciliary state, Ohio, and approval is pending.

We would appreciate your review and approval at your earliest convenience. Thank you for your usual courtesy and cooperation.

Sincerely,

Jennifer Henley
Senior Analyst, Life Forms and Filing
The Cincinnati Life Insurance Company
Phone: 513-870-2251 Fax: 513-870-2099
E-mail: jenny_henley@cinfin.com

Company and Contact

Filing Contact Information

Jennifer Henley, Senior Analyst	jenny_henley@cinfin.com
P.O. Box 145496	513-870-2251 [Phone]
Cincinnati, OH 45250-5496	513-870-2099 [FAX]

Filing Company Information

The Cincinnati Life Insurance Company	CoCode: 76236	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2654 ext. [Phone]	FEIN Number: 31-1213778	

SERFF Tracking Number: GRJR-126149085 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 42564
Company Tracking Number: CLI144
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
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Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/Flexible Premium Adjustable Life Insurance Policy

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: 1 filing x \$50.00 = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$50.00	06/03/2009	28306494

SERFF Tracking Number: GRJR-126149085 State: Arkansas

Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 42564

Company Tracking Number: CL1144

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life Adjustable Life

Product Name: Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy

Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/Flexible Premium Adjustable Life Insurance Policy

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/22/2009	06/22/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/11/2009	06/11/2009	Jennifer Henley	06/22/2009	06/22/2009

SERFF Tracking Number: GRJR-126149085 *State:* Arkansas
Filing Company: The Cincinnati Life Insurance Company *State Tracking Number:* 42564
Company Tracking Number: CL1144
TOI: L091 Individual Life - Flexible Premium *Sub-TOI:* L091.001 Single Life
Adjustable Life
Product Name: Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/Flexible Premium Adjustable Life Insurance Policy

Disposition

Disposition Date: 06/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRJR-126149085 State: Arkansas

Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 42564

Company Tracking Number: CLI144

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy

Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/Flexible Premium Adjustable Life Insurance Policy

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document (revised)	Certification of Compliance		Yes
Supporting Document	Certification of Compliance		Yes
Supporting Document	Actuarial Memorandum and Appendices		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Certification - Consent to submit rates		Yes
Form	Flexible Premium Adjustable Life Insurance Policy		Yes

SERFF Tracking Number: GRJR-126149085 State: Arkansas
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Adjustable Life
Product Name: Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/Flexible Premium Adjustable Life Insurance Policy

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/11/2009
Submitted Date 06/11/2009
Respond By Date 07/14/2009

Dear Jennifer Henley,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification of Compliance (Supporting Document)

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

SERFF Tracking Number: GRJR-126149085 State: Arkansas
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/22/2009
Submitted Date 06/22/2009

Dear Linda Bird,

Comments:

Thank you for your letter dated June 11, 2009.

Response 1

Comments: I apologize for not completing and attaching the UL Certification to the original filing.

Related Objection 1

Applies To:

- Certification of Compliance (Supporting Document)

Comment:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We appreciate your continued review and consideration of this filing. Thank you for your usual courtesy and cooperation.

Sincerely,

Jenny Henley, AIRC
Senior Analyst, Life Forms and Filing

SERFF Tracking Number: GRJR-126149085 *State:* Arkansas
Filing Company: The Cincinnati Life Insurance Company *State Tracking Number:* 42564
Company Tracking Number: CL1144
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Product Name: Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/Flexible Premium Adjustable Life Insurance Policy

The Cincinnati Life Insurance Company

Phone: 513-870-2251

E-mail: jenny_henley@cinfin.com

Sincerely,

Cindy Traurig, Deborah Naegele, Jennifer Henley, Karen Eichler

SERFF Tracking Number: GRJR-126149085 State: Arkansas

Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 42564

Company Tracking Number: CLI144

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy

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Form Schedule

Lead Form Number: Form CLI-144 (5/09)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form CLI-144-AR (5/09)	Policy/Contract/Fratern al Insurance Policy Certificate	Revised	Replaced Form #: Form CLI-139-AR (10/05) Previous Filing #: 31153	51.500	AR Form CLI-144-AR 5-09 Flexible Premium Adjustable Life Insurance Policy.pdf

**THE
CINCINNATI LIFE INSURANCE COMPANY**

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496
(513) 870-2000

TWENTY DAY RIGHT TO EXAMINE POLICY

We want you to be satisfied with the policy you have purchased. We urge you to examine it closely. If for any reason, you are not satisfied, you may return the policy to us or to any of our agents within twenty days after you received it. We will cancel it and refund all of the premium you paid.

We will pay a benefit as provided in this policy if this policy is in force and if the insured is alive on the maturity date shown in the Policy Specifications. If the insured dies before the maturity date and this policy is in force, we will pay the death benefit to the beneficiary upon receipt at our Home Office of due proof of the insured's death. If the proceeds of the policy are not paid within 30 days from the date proof of death has been forwarded to us, we will pay interest at the rate of 8% per year until said proceeds are paid. We will require surrender of this policy in the course of any settlement. This policy will end when the benefit is paid.

Executed at our Home Office in Cincinnati, Ohio.



Secretary



President

Flexible Premium Adjustable Life Insurance Policy
Flexible Premiums Payable
for the Period Shown in the Policy Specifications
or Until Prior Death of the Insured
Adjustable Death Benefit Payable at Death of the Insured
Before the Maturity Date
Cash Value Payable on Maturity Date
Nonparticipating

INSURED: JOHN DOE
POLICY NUMBER: 12345678



THE CINNATI LIFE INSURANCE COMPANY

POLICY SPECIFICATIONS

SPECIFIED AMOUNT	[\$100,000]
MINIMUM SPECIFIED AMOUNT	\$50,000
PREMIUMS PAYABLE FOR	[85 YEARS]
MAXIMUM LOAN INTEREST RATE	8% PER ANNUM IN ARREARS
THRESHOLD AMOUNT (ANNUAL)	[\$634.00]
PRIMARY MONTHLY ACCUMULATION FACTOR	1.1715%
SECONDARY MONTHLY ACCUMULATION FACTOR	.4868%
MINIMUM GUARANTEED INTEREST RATE (3% PER ANNUM)	.2466% MONTHLY FACTOR
PLANNED PERIODIC PREMIUMS [ANNUAL]	[\$634.00]
MAXIMUM ADMINISTRATIVE CHARGE FOR PARTIAL WITHDRAWALS	\$25.00
MAXIMUM PREMIUM EXPENSE CHARGE PERCENTAGE	20%
MAXIMUM MONTHLY ADMINISTRATIVE POLICY FEE	\$10.00
MAXIMUM MONTHLY FEE PER \$1,000 OF SPECIFIED AMOUNT	[\$0.11] 1ST 20 YEARS
MINIMUM SETTLEMENT OPTION INTEREST RATE	1%

AT SOME FUTURE TIME, IT IS POSSIBLE THAT COVERAGE WILL EXPIRE IF NO PREMIUMS ARE PAID AFTER THE FIRST PREMIUM OR IF SUBSEQUENT PREMIUMS ARE INSUFFICIENT TO CONTINUE COVERAGE. CHANGES IN CURRENT INTEREST OR MORTALITY RATES WILL AFFECT THE LENGTH OF TIME THIS POLICY WILL REMAIN IN FORCE.

POLICY NUMBER	12345678	ISSUE DATE	05/01/2009
INSURED	JOHN DOE	POLICY DATE	05/01/2009
GENDER	MALE	MATURITY DATE	05/01/2095
AGE	35	MONTHLY ANNIVERSARY DATE	01

OWNER - AS STATED IN ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

BENEFICIARY - AS STATED IN ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY

STANDARD PREMIUM CLASS - SELECT

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF VALUES

<u>POLICY YEAR</u>	<u>BENEFIT</u>	<u>YEAR</u>	<u>POLICY VALUE</u>	<u>CASH VALUE</u>
1	100,000	2010	153.18	0.00
2	100,000	2011	306.08	0.00
3	100,000	2012	456.70	0.00
4	100,000	2013	602.98	0.00
5	100,000	2014	745.80	0.00
6	100,000	2015	882.08	0.00
7	100,000	2016	1,009.63	0.00
8	100,000	2017	1,125.21	0.00
9	100,000	2018	1,225.47	0.00
10	100,000	2019	1,307.96	0.00
11	100,000	2020	1,370.15	0.00
12	100,000	2021	1,411.41	189.41
13	100,000	2022	1,435.06	366.06
14	100,000	2023	1,444.52	528.52
15	100,000	2024	1,434.33	671.33
16	100,000	2025	1,398.86	788.86
17	100,000	2026	1,330.23	873.23
18	100,000	2027	1,220.29	916.29
19	100,000	2028	1,061.51	910.51
20	100,000	2029	840.02	840.02
AGE 60	100,000	2034	0.00	0.00
AGE 62	100,000	2036	0.00	0.00
AGE 65	100,000	2039	0.00	0.00

POLICY NUMBER 12345678

AGE 35

INSURED JOHN DOE

GENDER MALE

RESERVE AND NONFORFEITURE BASIS - THE RESERVE ON THIS POLICY IS COMPUTED IN ACCORDANCE WITH THE COMMISSIONERS' RESERVE VALUATION METHOD. THE POLICY VALUE SHOWN ABOVE IS BASED ON THE COST OF INSURANCE RATES SHOWN IN THE TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES AND THE MINIMUM GUARANTEED INTEREST RATE OF 3.0% PER ANNUM, THE MAXIMUM PREMIUM EXPENSE CHARGE PERCENTAGE, THE MAXIMUM MONTHLY ADMINISTRATIVE POLICY FEE, THE MAXIMUM MONTHLY FEE PER \$1,000 OF SPECIFIED AMOUNT AND PLANNED PERIODIC PREMIUM SHOWN IN THE POLICY SPECIFICATIONS.

THE CINNATI LIFE INSURANCE COMPANY

TABLE OF SURRENDER CHARGES

POLICY YEAR	SURRENDER CHARGE
1	2,414.00
2	2,385.00
3	2,355.00
4	2,324.00
5	2,293.00
6	2,140.00
7	1,987.00
8	1,834.00
9	1,681.00
10	1,528.00
11	1,375.00
12	1,222.00
13	1,069.00
14	916.00
15	763.00
16	610.00
17	457.00
18	304.00
19	151.00
20 AND THEREAFTER	0.00

POLICY NUMBER 12345678

AGE 35

INSURED JOHN DOE

GENDER MALE

THE CINCINNATI LIFE INSURANCE COMPANY

**TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER \$1,000
OF SPECIFIED AMOUNT**

POLICY YEAR	MONTHLY COST OF INSURANCE RATE	POLICY YEAR	MONTHLY COST OF INSURANCE RATE	POLICY YEAR	MONTHLY COST OF INSURANCE RATE
1	0.0933	41	3.5858	81	83.3333
2	0.0975	42	3.9725	82	83.3333
3	0.1033	43	4.4250	83	83.3333
4	0.1108	44	4.9533	84	83.3333
5	0.1175	45	5.5500	85	83.3333
6	0.1267	46	6.2208		
7	0.1375	47	6.9575		
8	0.1508	48	7.7442		
9	0.1667	49	8.6133		
10	0.1842	50	9.5917		
11	0.2033	51	10.6933		
12	0.2225	52	11.9242		
13	0.2383	53	13.2767		
14	0.2508	54	14.7400		
15	0.2675	55	16.3058		
16	0.2883	56	17.8975		
17	0.3150	57	19.4967		
18	0.3475	58	21.2075		
19	0.3850	59	23.0525		
20	0.4325	60	25.0442		
21	0.4867	61	27.0675		
22	0.5417	62	29.0950		
23	0.5958	63	31.3125		
24	0.6492	64	33.7483		
25	0.7125	65	36.4325		
26	0.7892	66	39.0833		
27	0.8825	67	41.5108		
28	0.9917	68	44.1767		
29	1.1108	69	47.1100		
30	1.2350	70	50.3317		
31	1.3642	71	53.8700		
32	1.4958	72	57.8025		
33	1.6342	73	62.1942		
34	1.7792	74	67.1275		
35	1.9433	75	72.7008		
36	2.1350	76	79.0458		
37	2.3683	77	83.3333		
38	2.6425	78	83.3333		
39	2.9317	79	83.3333		
40	3.2442	80	83.3333		

Basis: 2001 CSO Age Last Birthday. The guaranteed cost of insurance rates are based on the insured's gender, attained age and rate class on the policy date.

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF MONTHLY GUARANTEED PREMIUMS

POLICY YEAR	MONTHLY GUARANTEED PREMIUM	POLICY YEAR	MONTHLY GUARANTEED PREMIUM	POLICY YEAR	MONTHLY GUARANTEED PREMIUM
1	21.48	41	860.31	81	0.00
2	23.97	42	949.62	82	0.00
3	26.54	43	1,053.49	83	0.00
4	29.03	44	1,174.13	84	0.00
5	31.60	45	1,309.42	85	0.00
6	34.09	46	1,460.16		
7	36.66	47	1,624.04		
8	39.68	48	1,797.68		
9	42.97	49	1,987.31		
10	46.78	50	2,198.06		
11	51.22	51	2,432.51		
12	56.46	52	2,690.40		
13	62.32	53	2,969.15		
14	68.45	54	3,265.48		
15	74.04	55	3,576.28		
16	79.72	56	3,885.92		
17	86.02	57	4,190.69		
18	93.04	58	4,510.01		
19	101.38	59	4,846.73		
20	110.44	60	5,201.47		
21	121.53	61	5,552.75		
22	133.52	62	5,895.78		
23	146.39	63	6,261.17		
24	160.15	64	6,650.81		
25	174.53	65	7,066.63		
26	200.99	66	0.00		
27	223.45	67	0.00		
28	249.55	68	0.00		
29	278.04	69	0.00		
30	307.69	70	0.00		
31	338.67	71	0.00		
32	369.92	72	0.00		
33	402.68	73	0.00		
34	437.30	74	0.00		
35	476.10	75	0.00		
36	521.37	76	0.00		
37	576.32	77	0.00		
38	640.60	78	0.00		
39	708.33	79	0.00		
40	781.04	80	0.00		

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INTRODUCTION

This is a flexible premium adjustable life insurance policy. The first premium payment is due on the policy date. Subsequent premiums may be paid at any time, while this policy remains in force, prior to the end of the premium payment period shown in the Policy Specifications. In return for these premiums and the insurance application, we provide certain benefits.

This policy provides life insurance proceeds. Proceeds at death can be paid in a lump sum or under a payment plan.

During the insured's life, this policy builds a cash value. This cash value is the basis for certain benefits you can use before the insured's death.

We will provide an illustration of: projected future life insurance; policy value; cash value amounts; and any other information required by the state in which this policy is delivered. To receive the illustration, send us a request In Writing. The illustration will assume:

1. the specified amount;
2. the future premium payments you specify; and
3. any other assumptions specified by you or by us.

This policy contains a Table of Contents that will help you find information you will need about this policy.

DEFINITIONS

In this policy, the owner will be referred to as "you" or "your" and The Cincinnati Life Insurance Company as "us," "we" or "our."

In Writing means in a written form satisfactory to us and received at our Home Office.

Indebtedness means all outstanding loans on this policy including any interest due or accrued.

Payee means the recipient of payments relating to this policy.

LIFE INSURANCE BENEFITS

Death Benefit Provision

The death benefit will be the greater of:

1. the specified amount on the date of death; or
2. the percentage of the policy value on the date of death as shown in the Table of Percentages.

The death benefit will be reduced by any Indebtedness. The specified amount in effect on the policy date is shown in the Policy Specifications.

TABLE OF PERCENTAGES

Attained Age	Percentage	Attained Age	Percentage
40 and younger	250	65	120
41	243	66	119
42	236	67	118
43	229	68	117
44	222	69	116
45	215	70	115
46	209	71	113
47	203	72	111
48	197	73	109
49	191	74	107
50	185	75-89	105
51	178	90	105
52	171	91	104
53	164	92	103
54	157	93	102
55	150	94	101
56	146	95 and over	100
57	142		
58	138		
59	134		
60	130		
61	128		
62	126		
63	124		
64	122		

Minimum Specified Amount

The minimum specified amount permitted under this policy is shown in the Policy Specifications.

Change in Specified Amount

Subject to the following conditions, you may change the specified amount by sending us a request In Writing after the first policy anniversary:

1. Decrease in Specified Amount
 - a. any decrease will be effective on the monthly anniversary day on or next following our receipt of your request. Any such decrease will be applied in the following order:
 - (i) against the specified amount provided by the most recent increase; then
 - (ii) against the next most recent increases successively; and then
 - (iii) against the specified amount provided under the original application.
 - b. the specified amount remaining in force after any requested decrease may not be less than the minimum specified amount permitted under this policy;
 - c. the policy value will be reduced by the surrender charge applicable to the amount of decrease in specified amount; and
 - d. the Threshold Amount and the Monthly Guaranteed Premiums will be reduced.

Amended Policy Specifications pages will be sent to you. They will include the new specified amount, the new Threshold Amount, a new Table of Monthly Guaranteed Premiums and the effective date of the change.

2. Increase in Specified Amount

A request for an increase in the specified amount will be subject to the following requirements:

- a. a supplemental application must be submitted;
- b. evidence of insurability satisfactory to us must be submitted;
- c. the monthly deduction for the first month of the increase must be paid; and
- d. the surrender charge will be increased based on attained age and the amount of increase.

An increase in the specified amount will cause the Continuation of Coverage section of this policy to terminate. Review the Continuation of Coverage section of this policy carefully.

An amended Policy Specifications page will be sent to you. It will show the new specified amount and the effective date of the change.

POLICY CONTROL

Ownership

The insured is the owner of this policy unless:

1. another person is designated as owner in the application; or
 2. a new owner has been designated as provided in the Change of Owner provision.
- The owner may exercise any right under this policy while the insured is alive.

Change of Owner

You may designate a new owner by notifying us In Writing while the insured is alive. When we receive written notice, the change will be effective on the date the notice was signed. Any change in ownership is subject to any payment or actions we may have taken before receiving the notice.

Assignment

You may assign this policy. Until we are notified In Writing, no assignment will be effective against us. We are not responsible for the validity of any assignment. Your rights and the rights of any beneficiary will be subject to the rights of any assignee.

BENEFICIARY

The beneficiary is as stated in the application unless a new beneficiary has been designated as provided in the Change of Beneficiary provision.

Change of Beneficiary

Unless an irrevocable beneficiary has been named, you may change the beneficiary by notifying us In Writing while the insured is alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

No Named Beneficiary

If no named beneficiary survives the insured, then, unless this policy provides otherwise:

1. you will be the beneficiary; or
2. if you are deceased, your estate will be the beneficiary.

THE CONTRACT

Entire Contract

The entire contract consists of: this policy; any attached riders, endorsements or amendments; the application; and any supplemental applications. A copy of the application is attached at issue. Any supplemental application will also be made a part of this policy when a change in coverage becomes effective. This contract is made in consideration of: the application; any supplemental applications; and the payment of premiums.

We will not use any statement to void this policy or to defend against a claim under it unless that statement is contained in the attached application or supplemental applications. All statements in the application and supplemental applications will, in the absence of fraud, be deemed representations and not warranties.

Modification

An agent cannot change this contract. The only way this contract may be modified is by a written agreement signed by our President or Secretary.

Policy Dates

This basic policy goes into effect on the policy date. The policy date is shown in the Policy Specifications.

Policy years, policy months and anniversaries are measured from the policy date.

A change in coverage will be effective on the policy date shown in the amended Policy Specifications page which will be sent to you.

Termination of the Policy

All coverage under this policy will terminate on:

1. the date you request that coverage terminates. In addition, we request you return the policy to us;
2. the date the insured dies;
3. the date the grace period ends without sufficient premium being paid; or
4. the maturity date.

Nonparticipation

This policy is nonparticipating. It does not share in our surplus earnings. You will, therefore, receive no dividends under it.

Misstatement of Age and Gender

If the insured's age or gender shown in the application is wrong, we will change the death benefit we pay to the amount which the most recent monthly cost of insurance deduction made would have purchased at the insured's correct age and gender.

Suicide

If, within two years from the date of issue, or reinstatement if allowed by state law, the insured dies by suicide, while sane or insane, the amount payable will be limited to the sum of the premiums paid, less Indebtedness and partial withdrawals.

If you increase the specified amount, this two-year period will begin to run from the effective date of the increase with regard to the increase amount. The amount payable will be limited to a refund of that portion of the monthly deduction which was applicable to the increase in the specified amount.

Incontestability

We cannot contest this policy after it has been in force, during the insured's life, for two years from its date of issue or reinstatement, except as follows:

1. an increase in the specified amount can be contested until it has been in force for two years during the insured's life from its effective date; and
2. this provision does not apply to any rider providing disability or accidental death benefits.

Annual Statement

Within three months after each policy anniversary, we will send you an annual statement. The statement will show:

1. the specified amount;
2. the policy value;
3. the cash value;
4. interest earned;
5. Indebtedness;
6. premiums paid;
7. charges incurred during the policy year; and
8. any other information which is required by the laws of the state in which this policy is delivered.

PREMIUM PAYMENTS**General**

The first premium is due on the policy date. All premiums are payable either:

1. at our Home Office; or
2. to our authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the agent.

Any premium payments after the first premium may be made under a periodic plan that you have chosen, or at any time prior to the end of the premium payment period.

You may change the amount or frequency of premium payments provided the premium satisfies our minimum or maximum amount rules. If, at the end of any policy anniversary, the total premium paid exceeds the guideline premium limitation specified by the Internal Revenue Code, as amended, we will return the excess premium, with interest, not later than 60 days from the end of the policy anniversary.

You may request that we send periodic premium reminders, at premium notice frequencies currently available.

You may pay premiums for the number of years shown in the Policy Specifications.

You can make an unscheduled premium payment at any time while this policy is in effect before the end of the premium payment period if there is no Indebtedness. We can limit the number and amount of unscheduled payments.

Grace Period

If the cash value less Indebtedness on the day before a monthly anniversary day is not enough to cover the next monthly deduction, we will allow a 61-day grace period to pay a premium sufficient to cover the monthly deduction. At least 31 days before the end of the grace period, we will mail you notice of the sufficient premium. The monthly deduction is described in the Monthly Deduction provision.

This policy will continue in force during the grace period. If the insured dies during the grace period, the death benefit will be reduced by any unpaid monthly deduction. If a premium is not paid by the end of the grace period, this policy will terminate, without value, except as stated in the Continuation of Coverage section.

Reinstatement

This policy may be reinstated at any time within five years after a grace period ends because sufficient premium has not been paid, if:

1. this policy has not been surrendered for its cash value;
2. evidence of insurability satisfactory to us is furnished; and
3. you pay premiums to keep this policy in effect for at least two months from the effective date of reinstatement.

The cash value upon reinstatement will be determined by the premium paid at the time of reinstatement. We will notify you of the effective date of reinstatement.

CONTINUATION OF COVERAGE

This policy will not enter the grace period, as provided in the Grace Period provision, if the Continuation of Coverage premium requirements are met. The Continuation of Coverage premium requirements are met if:

1. the Accumulated Premiums Paid less Indebtedness is greater than or equal to the Accumulated Monthly Guaranteed Premiums as of the end of the most recent policy month;
2. Indebtedness plus interest on Indebtedness to the next policy anniversary does not exceed the current policy value; and
3. Continuation of Coverage has not been terminated in accordance with the Continuation of Coverage Termination provision.

Accumulated Monthly Guaranteed Premiums

The Accumulated Monthly Guaranteed Premiums at the end of the first policy month is the Monthly Guaranteed Premium for the first policy month multiplied by 1 plus the Primary Monthly Accumulation Factor.

The Accumulated Monthly Guaranteed Premiums at the end of any other policy month is calculated as:

1. the Accumulated Monthly Guaranteed Premiums at the end of the preceding policy month; plus
 2. the Monthly Guaranteed Premium for the current policy month;
- multiplied by
3. 1 plus the Primary Monthly Accumulation Factor.

Monthly Guaranteed Premiums are shown in the Table of Monthly Guaranteed Premiums and the Primary Monthly Accumulation Factor is shown in the Policy Specifications. The Primary Monthly Accumulation Factor is applied to the premium from the date it is received.

Accumulated Premiums Paid

The Accumulated Premiums Paid at the end of the first policy month is the premium paid during the first policy month plus the Accumulation Amount.

The Accumulated Premiums Paid at the end of any other policy month equals:

1. the Accumulated Premiums Paid at the end of the preceding policy month; plus
2. any premiums paid during the current policy month; minus
3. any partial withdrawals made during the current policy month; plus
4. the Accumulation Amount.

The Accumulation Amount equals:

1. the Primary Monthly Accumulation Factor multiplied by the lesser of:
 - a. (i) the Accumulated Premiums Paid at the end of the preceding policy month; plus
 - (ii) any premiums paid during the current policy month; less
 - (iii) any partial withdrawals made during the current policy month; and
 - b. the Accumulated Threshold Amount; plus
2. the Secondary Monthly Accumulation Factor shown in the Policy Specifications multiplied by the excess, if any, of:
 - a. (i) the Accumulated Premiums Paid at the end of the preceding policy month; plus
 - (ii) any premiums paid during the current policy month; less
 - (iii) any partial withdrawals made during the current policy month; over
 - b. the Accumulated Threshold Amount.

The Threshold Amount and the Secondary Monthly Accumulation Factor are shown in the Policy Specifications. The Secondary Monthly Accumulation Factor is applied to the premium from the date it is received.

Accumulated Threshold Amount

The Accumulated Threshold Amount for the first policy month equals the Threshold Amount multiplied by 1 plus the Primary Monthly Accumulation Factor.

The Accumulated Threshold Amount for any other policy month equals:

1. the Accumulated Threshold Amount at the end of the preceding policy month, plus
 2. the Threshold Amount for the current policy month;
- multiplied by
3. 1 plus the Primary Monthly Accumulation Factor.

Catch-up Provision

While this policy is in force, if the Accumulated Premiums Paid is less than the Accumulated Monthly Guaranteed Premiums, you can pay additional premium to satisfy the Continuation of Coverage premium requirements.

Continuation of Coverage Termination

Continuation of Coverage will terminate and cease to be in force on the earliest of the following dates:

1. the date of surrender or termination of the policy;
2. the effective date of any increase in specified amount; or
3. the date the policy terminates in accordance with the Grace Period provision.

Once Continuation of Coverage terminates, it cannot be reinstated. If the policy lapses and is reinstated, Continuation of Coverage will not be part of the reinstated policy.

POLICY LOANS

General

You may borrow against this policy while it is in force, if:

1. a request is made In Writing; and
2. this policy is assigned to us as sole security.

We may defer a loan for up to six months unless it is to be used to pay premiums to us.

The policy loan can be any amount up to:

1. the cash value; minus
2. Indebtedness plus interest on Indebtedness to the next policy anniversary.

A loan will impact the Continuation of Coverage section of this policy. Before requesting a loan, review the Continuation of Coverage section carefully.

Repayment

You may repay Indebtedness while this policy is in force. If you do not repay the Indebtedness, it will be deducted from the cash value or death benefit proceeds at termination. Interest will be charged up to the date of repayment or termination. On the day before the monthly anniversary day, if the cash value less Indebtedness is not enough to cover the monthly deduction for the next month, the Grace Period provision will apply. We will send you and any assignee a notice of the minimum amount due.

Loan Interest

Loan interest is payable at the earlier of:

1. the end of each policy year; or
2. when the Indebtedness is repaid in full.

Any interest not paid when due will be added to the Indebtedness and bear interest at the same rate.

The maximum rate of loan interest is shown in the Policy Specifications. We may charge a lower rate of interest.

POLICY VALUE

General

Upon receipt of each premium paid, including the initial premium, we will deduct a premium expense charge. The remainder of each premium will become part of the policy value. This is called a net premium and will earn interest from the day we receive it in our Home Office.

The maximum premium expense charge percentage is shown in the Policy Specifications. We may deduct a lower premium expense charge.

At the beginning of each policy month, after the first, we will make the deduction described in the Monthly Deduction provision.

Interest

We will credit interest on the policy value at no less than the minimum guaranteed annual interest rate shown in the Policy Specifications. We may credit interest in excess of this rate.

Any part of the policy value that is used to secure a loan balance will earn only the minimum guaranteed annual interest rate. No excess interest will be paid. The

amount of any partial withdrawal will stop earning interest on the date of the withdrawal.

Interest earned will be added to the policy value on each monthly anniversary. Interest will be earned until the day this policy terminates.

Calculation of Policy Values

The policy value on the policy date will be the initial net premium.

The policy value on a monthly anniversary date is:

1. the policy value on the preceding monthly anniversary date; less
2. the monthly deduction for the preceding month; plus
3. one month's interest on the difference between (1) and (2); plus
4. net premiums received since the preceding monthly anniversary date, accumulated at interest to the current monthly anniversary date; less
5. any partial withdrawals and associated administrative charge for partial withdrawals since the preceding monthly anniversary date, accumulated at interest to the current monthly anniversary date; less
6. any charge for a requested decrease in specified amount.

On any other day, the policy value is:

1. the policy value on the preceding monthly anniversary date; less
2. the monthly deduction for the current month; plus
3. interest on the difference to the day on which the policy value is being determined; plus
4. net premiums received since the preceding monthly anniversary date, accumulated at interest to the day on which the policy value is being determined; less
5. any partial withdrawals and associated administrative charge for partial withdrawals since the preceding monthly anniversary date, accumulated at interest to the day on which the policy value is being determined.

All values under this policy equal or exceed those required by the state in which this policy is delivered. The method of calculation has been filed with the Insurance Department of the state in which this policy is delivered.

Monthly Deduction

The monthly deduction for a policy month will be equal to:

1. the cost of insurance for this policy; plus
2. the cost of additional benefits provided by rider; plus
3. the monthly administrative policy fee; plus
4. the monthly fee per \$1,000 of specified amount.

The maximum monthly administrative policy fee and maximum monthly fee per \$1,000 of specified amount are shown in the Policy Specifications. We may charge a lower monthly administrative policy fee and monthly fee per \$1,000 of specified amount.

Cost of Insurance

The cost of insurance for this policy is calculated as follows:

1. the cost of insurance rate;
- multiplied by
2. the net of:
 - a. the death benefit at the beginning of the policy month divided by 1 plus the monthly equivalent of the minimum guaranteed annual interest rate shown in the Policy Specifications; minus
 - b. the policy value at the beginning of the policy month less the cost of any additional benefit provided by rider, the monthly administrative policy fee and the monthly fee per \$1,000 of specified amount;
- divided by
3. \$1,000.

The cost of insurance for any rider is calculated as shown in the Cost of Insurance provision of the rider.

Cost of Insurance Rates

The cost of insurance rate for the initial specified amount is based on the insured's:

1. gender;
2. attained age;
3. rate class on the policy date; and
4. specified amount.

The cost of insurance rate for any increase in the specified amount is based on the insured's:

1. gender;
2. attained age;
3. rate class on the effective date of the change; and
4. initial specified amount.

Attained age means the insured's age on the most recent policy anniversary.

Monthly cost of insurance rates will be determined by us, based on our expectation as to future mortality experience. The maximum rates that we can charge are described in the Table of Monthly Guaranteed Cost of Insurance Rates.

Any change in the cost of insurance rate will be on a uniform basis for insureds of the same:

1. gender;
2. attained age;
3. rate class; and
4. specified amount.

Insufficient Cash Value

On the day before the monthly anniversary day, if the cash value less Indebtedness is not enough to cover the monthly deduction for the next month, the Grace Period provision will apply.

Surrender

You can surrender this policy by sending us a request In Writing along with the policy. A surrender must take place during the insured's lifetime and will be effective as of the monthly anniversary on or next following the date we receive your surrender request.

The amount payable on surrender of this policy is the cash value on the date of surrender less any Indebtedness. The cash value is equal to:

1. the policy value; less
2. the surrender charge.

The surrender charges are shown in the Table of Surrender Charges.

If you request to make a surrender within 30 days after a policy anniversary, the amount payable will not be less than the amount payable on that anniversary less Indebtedness and partial withdrawals made on or after the policy anniversary.

The amount payable upon surrender is payable in one sum or under a settlement option. We can defer payment for up to six months. We will not defer payment if:

1. the law requires us to pay earlier; or
2. the amount payable is to be used to pay premiums on policies you have with us.

Partial Withdrawals

After the first policy anniversary and while the insured is alive, you may make a partial withdrawal of the cash value of this policy by sending us a request In Writing. There will be an administrative charge for each partial withdrawal made. The maximum administrative charge for a partial withdrawal is shown in the Policy Specifications. Any request for a partial withdrawal will become effective on the monthly anniversary on or next following the date we receive your request.

A partial withdrawal will impact the Continuation of Coverage section of this policy. Before requesting a partial withdrawal, review the Continuation of Coverage section carefully.

The partial withdrawal can be of any amount up to:

1. the cash value; minus
2. Indebtedness plus interest on Indebtedness to the next policy anniversary; minus
3. any administrative charge; minus
4. an amount equal to the monthly deduction for the number of months until the next policy anniversary.

The amount of each partial withdrawal and administrative charge will be deducted from the cash value.

Any partial withdrawal will reduce the specified amount in the following order:

1. the specified amount provided by the most recent increase in the specified amount; then
2. the next most recent increases in the specified amount successively; and then
3. the specified amount provided under the original application.

The partial withdrawal cannot be an amount that would reduce the specified amount to less than the minimum specified amount permitted under this policy. The minimum specified amount is shown in the Policy Specifications.

A partial withdrawal is payable in one sum. We can defer paying any partial withdrawal for up to six months. We will not defer payment if:

1. the law requires us to pay earlier; or
2. the amount payable is to be used to pay premiums on policies you have with us.

SETTLEMENT PROVISIONS

General

The proceeds payable at death or surrender may be paid in one sum to the Payee. They may also be paid under one or more of the settlement options as long as:

1. the total payment due is at least \$5,000.00; and
2. each income payment provided by the option is at least \$50.00.

Election

The Payee may elect a settlement option by notifying us In Writing. No settlement option will be available except with our consent if:

1. this policy is assigned; or
2. the Payee is a corporation, association, partnership, trustee or estate.

The Payee may change the election of a settlement option by notifying us In Writing on or before the date that proceeds become payable. The change will be effective on the date the notice is signed. The change is subject to any payment or actions we may have taken before receiving the notice.

If no election is in effect on the date that proceeds become payable, the Payee may elect a settlement option.

Settlement Options

Option 1--Income for Fixed Period:

We will pay no less than the income elected from Table A. Payments will be guaranteed for the number of years chosen, not to exceed 30 years.

Option 2--Life Income with Payments Guaranteed for Ten Years:

We will pay no less than the income determined from Table B. Payments will be made while the Payee is alive. Payment will be guaranteed for ten years. If the Payee dies before payments have been made for the ten-year period, the value of the remaining guaranteed payments will be paid as a final payment and will be determined using no less than the minimum settlement option interest rate shown in the Policy Specifications.

Option 3--Income of Fixed Amount:

We will make equal payments of the amount chosen. These payments will be made until the amount left under this option, with interest, is exhausted. The rate of interest will not be less than the minimum settlement option interest rate shown in the Policy Specifications. The final payment will be for the balance only.

Option 4--Current Purchase Option:

If the Payee is a natural person, the Payee may elect, in his own right, to receive an income equal to 102% of the income provided by our corresponding single premium immediate annuity rates for the amount of the proceeds applied. The Payee may elect this option by making application In Writing within 31 days of the date that proceeds become payable.

MATURITY AND SETTLEMENT OPTIONS TABLE

Monthly Income Per \$1,000.00 of Proceeds

Based on the Minimum Settlement Option Interest Rate shown in the Policy Specifications

TABLE A OPTION 1 Income for Fixed Period		TABLE B OPTION 2 - 10 Years Certain and Life The amount of Income is based on the gender and age last birthday of the Payee on the date of the first payment.					
No. of Years	Monthly Income	Age	Men Certain Period 10 Years	Women Certain Period 10 Years	Age	Men Certain Period 10 Years	Women Certain Period 10 Years
1	\$83.71						
2	42.06						
3	28.18						
4	21.24						
5	17.07						
6	14.30						
7	12.31						
8	10.83						
9	9.67	50	\$2.95	\$2.72	68	\$4.82	\$4.40
10	8.75	51	3.02	2.78	69	4.97	4.54
11	7.99	52	3.09	2.84	70	5.13	4.70
12	7.36	53	3.16	2.91	71	5.30	4.86
13	6.83	54	3.24	2.98	72	5.46	5.03
14	6.37						
15	5.97						
16	5.63	55	3.32	3.05	73	5.64	5.21
17	5.32	56	3.40	3.12	74	5.81	5.40
18	5.05	57	3.49	3.20	75	5.99	5.59
19	4.81	58	3.59	3.28	76	6.17	5.78
20	4.59	59	3.68	3.37	77	6.35	5.98
21	4.39						
22	4.21						
23	4.05	60	3.79	3.46	78	6.52	6.18
24	3.90	61	3.90	3.56	79	6.70	6.39
25	3.76	62	4.01	3.66	80	6.87	6.59
26	3.63	63	4.13	3.77	81	7.04	6.79
27	3.51	64	4.26	3.88	82	7.20	6.98
28	3.40						
29	3.30						
30	3.21						
Annual Income is 11.787 times the monthly income.		65	4.39	4.00	83	7.36	7.16
Semiannual Income is 5.951 times the monthly income.		66	4.53	4.12	84	7.51	7.34
Quarterly Income is 2.990 times the monthly income.		67	4.67	4.26	85 and over	7.65	7.51

The first installment under all options, will be payable as of the date of death or election of surrender value; however, provision to the contrary may be made in the settlement agreement.

Income payments under Option 2 and Option 4 are based on the Annuity 2000 Mortality Table at no less than the minimum settlement option interest rate shown in the Policy Specifications.

**THE
CINCINNATI LIFE INSURANCE COMPANY**

**P.O. BOX 145496, CINCINNATI, OHIO 45250-5496
(513) 870-2000**

Flexible Premium Adjustable Life Insurance Policy
Flexible Premiums Payable
for the Period Shown in the Policy Specifications
or Until Prior Death of the Insured
Adjustable Death Benefit Payable at Death of the Insured
Before the Maturity Date
Cash Value Payable on Maturity Date
Nonparticipating

SERFF Tracking Number: GRJR-126149085 State: Arkansas
 Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 42564
 Company Tracking Number: CLI144
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy
 Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/Flexible Premium Adjustable Life Insurance Policy

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR Certification of Readability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Form CLI-1030, Application for Life Insurance was previously approved by your Department June 25, 2008		
Attachment:		
CLI-1030 Individual Life Application.pdf		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: N/A, not a health filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: N/A, not a health filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Certification of Compliance		
Comments:		

SERFF Tracking Number: GRJR-126149085 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 42564
Company Tracking Number: CLI144
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/Flexible Premium Adjustable Life Insurance Policy

Attachment:

AR UL Certification.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

CLI-144 Statement of Variability.pdf

Item Status:

Status

Date:

Satisfied - Item: Certification - Consent to submit
rates

Comments:

Attachment:

AR Consent to Submit Rates.pdf

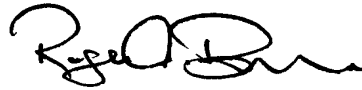
ARKANSAS CERTIFICATION

This is to certify that the attached policy Form CLI-144-AR (5/09), Flexible Premium
Adjustable Life Insurance Policy

has achieved a Flesch Reading Ease Score of 51.5
respectively, and complies with the requirements of Ark. Stat. Ann. 66-3251 through
66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

May 18, 2009

Date



Signature of Officer

Roger A. Brown, FSA, MAAA

Name

Assistant Vice President

Title

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

Application for Life Insurance

☐ NEW

☐ CHANGE

Please print or type all information

INSURED	1. Proposed Insured (first, middle, last)		2. Birth Date		3. Gender <input type="checkbox"/> M <input type="checkbox"/> F		4. Height		5. Soc. Sec. No.		
			6. Birthplace (state)				7. Weight		8. Phone Home _____ Work _____		
	9. Street Address		Apt. #		City		State		Zip		
									10. Driver's Lic. No./State		
11. Has the Proposed Insured been a permanent resident of the United States or its territories for the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain in #39)											
12. Is the Proposed Insured actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain in #39) Occupation _____ Employer _____ Hours Per Week _____											
BENEFIT	13. Primary Beneficiary					Relationship		14. Contingent Beneficiary			
								Relationship			
	15. Owner (if other than Proposed Insured)					Address		Relationship		16. Soc. Sec. No./EIN (if business)	
										17. E-mail Address	
	18. Plan					Face Amount		19. UL Death Benefit Option <input type="checkbox"/> A <input type="checkbox"/> B			
20. Optional Benefit Riders <input type="checkbox"/> Accidental Death Benefit \$ _____ Amount <input type="checkbox"/> Waiver of Premium/Cost of Insurance <input type="checkbox"/> Children's Term (complete #37) _____ Units <input type="checkbox"/> Accelerated Benefit (submit disclosure if required) <input type="checkbox"/> Insured Insurability (GPO) \$ _____ Amount Rider _____ Rider _____											
21. Premium Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> List Bill <input type="checkbox"/> Bank-O-Matic (complete authorization)											
22. Amount Remitted with Application \$ _____ 23. Automatic Premium Loan (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No											
COND. RECEIPT	CONDITIONAL RECEIPT QUESTIONS										
	If Questions 24, 25 or 26 Are Left Blank or Answered "Yes," a Premium Payment Cannot Be Accepted and Any Conditional Receipt Will Be Void.										
24. In the past 90 days, has the Proposed Insured been admitted to a hospital or other medical facility, been advised to be admitted, scheduled surgery or had surgery performed or recommended?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
25. In the past two years, has the Proposed Insured been treated by a medical professional for heart disease, stroke, cancer or Acquired Immune Deficiency Syndrome (AIDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No											
26. Does the Proposed Insured have any intention to travel outside the United States or Canada within the next 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No											
PERSONAL HISTORY	GIVE FULL DETAILS TO ANY QUESTIONS ANSWERED "YES" IN #39										
	27. Has the Proposed Insured:										
	a. In the last three years, flown or made plans to fly as a pilot, student pilot or crew member? (If "Yes," complete Aviation Questionnaire) <input type="checkbox"/> Yes <input type="checkbox"/> No										
	b. Traveled or resided outside the USA or Canada in the last two years, or have any intention of traveling or residing outside the USA or Canada within the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	c. Engaged in sky or scuba diving, hang gliding, rock climbing or any form of motorized racing in the last three years, or have any intention of engaging in any of these activities within the next two years? (If "Yes," complete Sports Questionnaire) <input type="checkbox"/> Yes <input type="checkbox"/> No										
	d. Ever used heroin, cocaine (including crack), LSD, PCP, amphetamines, barbiturates, marijuana, any derivative of these drugs or any controlled substance except as prescribed by a medical professional? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	e. Ever received or been advised to seek counseling for alcohol and/or drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	f. Ever been rated or declined for insurance or been denied reissue or reinstatement of a policy? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	g. Ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No										
h. In the last three years, had two or more traffic violations, been convicted of driving while intoxicated or under the influence of a controlled substance or ever had his/her license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No											
28. Does the Proposed Insured belong to or intend to join the armed forces including reserves? (If "Yes," complete Military Questionnaire) <input type="checkbox"/> Yes <input type="checkbox"/> No											
29. Has the Proposed Insured ever filed for bankruptcy? If "Yes," date(s) discharged _____ <input type="checkbox"/> Yes <input type="checkbox"/> No											

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

In continuation of application for life insurance

PERSONAL HISTORY	30. In the last ten years, has the Proposed Insured had or been told by a medical professional he/she had, any of the following? (If "Yes," check the items that pertain)	Yes	No																								
	<input type="checkbox"/> Stroke <input type="checkbox"/> Prostate disorder <input type="checkbox"/> Lung or respiratory disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> High blood pressure <input type="checkbox"/> Disease of the reproductive organs <input type="checkbox"/> Hepatitis <input type="checkbox"/> Digestive system disorder <input type="checkbox"/> Deformity, lameness or amputation <input type="checkbox"/> Chest pain <input type="checkbox"/> Mental or nervous disorder <input type="checkbox"/> Muscle or connective tissue disorder <input type="checkbox"/> Skin disorder <input type="checkbox"/> Cancer or tumor of any kind <input type="checkbox"/> Thyroid or other endocrine disorders <input type="checkbox"/> Bone disorder <input type="checkbox"/> Spine, back or joint disorder <input type="checkbox"/> Disorder of the blood or lymph nodes <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Dizziness, fainting or headache <input type="checkbox"/> Disease of the heart or blood vessels <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kidney or bladder disease or disorder																										
	31. Has the Proposed Insured:	Yes	No																								
	a. In the last five years, been hospitalized or consulted, been examined or treated by any physician, psychiatrist or other medical professional not disclosed in response to the prior questions?	<input type="checkbox"/>	<input type="checkbox"/>																								
	b. Ever been diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection?	<input type="checkbox"/>	<input type="checkbox"/>																								
PERSONAL HISTORY	c. Been advised to have surgery within the next six months by a medical professional?	<input type="checkbox"/>	<input type="checkbox"/>																								
	32. Is the Proposed Insured taking any prescribed medication or herbal treatment?	<input type="checkbox"/>	<input type="checkbox"/>																								
	33. Female Proposed Insured only: Is the Proposed Insured now pregnant?	<input type="checkbox"/>	<input type="checkbox"/>																								
	34. Has the Proposed Insured ever used tobacco or nicotine products? (If "Yes," complete the following)	<input type="checkbox"/>	<input type="checkbox"/>																								
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;"><u>Present</u></td> <td style="width: 20%; text-align: center;"><u>Quit (date)</u></td> <td style="width: 20%; text-align: center;"><u># Packs Per Day</u></td> <td style="width: 20%; text-align: center;"><u>Present</u></td> <td style="width: 20%; text-align: center;"><u>Quit (date)</u></td> </tr> <tr> <td>Cigar</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td>Cigarettes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Pipe</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td>Patch, Gum or Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Smokeless</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td>Nicotine Products</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table>		<u>Present</u>	<u>Quit (date)</u>	<u># Packs Per Day</u>	<u>Present</u>	<u>Quit (date)</u>	Cigar	<input type="checkbox"/>	_____	Cigarettes	<input type="checkbox"/>	_____	Pipe	<input type="checkbox"/>	_____	Patch, Gum or Other	<input type="checkbox"/>	_____	Smokeless	<input type="checkbox"/>	_____	Nicotine Products	<input type="checkbox"/>	_____		
		<u>Present</u>	<u>Quit (date)</u>	<u># Packs Per Day</u>	<u>Present</u>	<u>Quit (date)</u>																					
	Cigar	<input type="checkbox"/>	_____	Cigarettes	<input type="checkbox"/>	_____																					
	Pipe	<input type="checkbox"/>	_____	Patch, Gum or Other	<input type="checkbox"/>	_____																					
	Smokeless	<input type="checkbox"/>	_____	Nicotine Products	<input type="checkbox"/>	_____																					
	35. Proposed Insured's Regular Attending Physician (If "None," so state)																										
Name		Address																									
Phone #		Date of Last Visit		Reason/Result of Last Visit																							
36. Have any of the Proposed Insured's parents, brothers or sisters died from, or been diagnosed by a medical professional as having, heart disease or cancer before age 60? (If "Yes," identify family members, disorder and age at death in #39)																											
Yes <input type="checkbox"/> No <input type="checkbox"/>																											
CTR	37. CHILDREN'S TERM RIDER Available for all children, stepchildren or legally adopted children age 18 and under.																										
	Name	Date of Birth	Height	Weight	Other than a routine physical, has any child been treated by a medical professional or been hospitalized in the past two years? (Please explain "Yes" answers in #39).....	Yes <input type="checkbox"/> No <input type="checkbox"/>																					
	_____	_____	_____	_____	_____																						
EXISTING COVERAGE	38. a. Does the Proposed Insured have any life insurance policies or annuities in force with The Cincinnati Life Insurance Company or any other company?					Yes <input type="checkbox"/> No <input type="checkbox"/>																					
	b. Do you intend to finance any of the premium required to pay for this policy?					Yes <input type="checkbox"/> No <input type="checkbox"/>																					
	c. Have you ever or are you considering selling this or any other life insurance contract to a Viatical or Life Settlement company or any other party?					Yes <input type="checkbox"/> No <input type="checkbox"/>																					
	d. List all life insurance policies or annuities the Proposed Insured has in force with The Cincinnati Life Insurance Company or any other company, including any applications pending, and indicate if any are to be replaced, changed or borrowed against as a result of this Application.																										
	Insurer	Policy Number	Amount	Replaced?																							
	Yes	No																									
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																						
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																						
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																						
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																						
e. Complete any applicable replacement forms.																											

P.O. Box 145496, Cincinnati, Ohio 45250-5496

DETAILS	<p>39. DETAILS OF "YES" ANSWERS: Identify question number and include diagnosis, dates, duration, treatments and medications prescribed and names and addresses of all medical professionals and hospitals.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
AGREEMENT	<p>AGREEMENT: I, the undersigned, agree that, to the best of my knowledge and belief, all the answers and statements given in this Application are true and complete. I agree that: 1. All parts of this Application will be a part of any policy issued; 2. Insurance shall become effective: a) if a policy is formally approved by The Cincinnati Life Insurance Company; and b) the full first premium has been paid while insurability of the Proposed Insured is the same as stated in this Application; OR c) according to the terms of the Conditional Receipt if: (i) it is given; and (ii) the full first premium is paid when this Application is signed; 3. No provision of this Application or the policy can be modified or waived except by an endorsement signed by an officer of The Cincinnati Life Insurance Company. I have read, or had read to me, the completed Application. I realize that any false statement or misrepresentation may result in loss of coverage under the policy.</p> <p>If a Conditional Receipt is given: I, 1. acknowledge receipt; 2. certify that I have read and understand it; 3. agree to its terms, conditions and limits; and 4. acknowledge that the agent has explained it to me.</p> <p>I acknowledge having received and read the Important Notice to the Proposed Insured.</p> <p>Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p> <p>Signed at _____ City _____ State On _____ Month _____ Day _____ Year</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature of Proposed Insured (if signing on behalf of a minor, specify relationship) </div> <div style="width: 45%;"> _____ Signature of Owner (if other than Proposed Insured) </div> </div>
AGENT	<p>For Agent: I certify, to the best of my knowledge and belief, that the answers to the questions in all parts of this application are true and correct. I further certify that to the best of my knowledge and belief, this policy <input type="checkbox"/> Will <input type="checkbox"/> Will Not replace or change any existing life insurance or annuity contract now in force.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">_____</div> <div style="width: 33%;">_____</div> <div style="width: 33%;">_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 33%; text-align: center;">Agent Signature</div> <div style="width: 33%; text-align: center;">Agent Code #</div> <div style="width: 33%; text-align: center;">Fax Number</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">_____</div> <div style="width: 40%;">_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; text-align: center;">Agent Name (please print)</div> <div style="width: 40%; text-align: center;">E-mail Address</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">_____</div> <div style="width: 40%;">_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; text-align: center;">Agency Name (please print)</div> <div style="width: 40%; text-align: center;">Agency Code #</div> </div>

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

In continuation of application for life insurance

CONDITIONAL PREMIUM RECEIPT - MAXIMUM LIABILITY \$300,000

PLEASE ANSWER CONDITIONAL RECEIPT QUESTIONS ON PAGE ONE OF APPLICATION. If any of the questions are left blank or answered "Yes," a premium payment cannot be accepted and any conditional receipt will be void.

Received from _____ Owner's Social
Security or EIN # _____
Proposed Owner (please print)

On _____ the amount of \$ _____
Month Day Year Must be Full Modal Premium

which is paid subject to the conditions of this Receipt as payment of the full first premium of the life insurance policy applied for in a written application to The Cincinnati Life Insurance Company.

Section I: If the Proposed Insured dies before we, The Cincinnati Life Insurance Company, issue and deliver the policy, this Receipt may create temporary life insurance coverage. Such coverage will not exist unless each of the following conditions is fulfilled exactly:

1. The premium deposit must be a full first premium at the premium mode and plan applied for. The premium must be paid at the time the Application is signed. This Receipt must be issued at the same time.
2. We must receive the total premium deposit at our Home Office.
3. The premium check must be paid the first time it is presented.
4. We must receive the Application and all medical examinations or tests we request or which our underwriting rules require. We must receive these papers not later than 60 days from the date of this Receipt.
5. Our Underwriters must formally determine that on the latest of: a) the date of the Application; or b) the date of the latest medical examination or test that we require, the Proposed Insured was acceptable to us under our rules, limits and standards. The Proposed Insured must qualify for the exact plan and amount of insurance applied for and for all supplemental riders applied for. The Proposed Insured must be insurable at standard premium rates.
6. No temporary insurance will be effective if any incorrect, untrue or incomplete statement of material fact is made on: a) the Application; or b) any report of any examination or medical test submitted to us. Knowledge of the true facts by the agent or medical examiner shall not be imputed to us unless stated in the Application or in a medical report received in our Home Office.

Section II: Temporary insurance under this Receipt is also subject to these limitations:

1. Maximum temporary life and accidental death insurance cannot exceed \$300,000. This amount will be reduced by any other life insurance applied for or in force with us. This amount will also be reduced by any other accidental death insurance applied for or in force with us.
2. Temporary insurance may be in effect for up to 60 days from the date of this Receipt.

Temporary insurance will become effective if each of the six conditions in Section I is fulfilled exactly. This coverage is subject to the limitations in Section II. The effective date of this coverage will be either the date of the last dated Application or the date of the last required medical test, if later.

Temporary insurance shall terminate on the earliest of the following dates:

1. The date a policy becomes effective;
2. The date we determine the Proposed Insured doesn't qualify as a standard risk and elect to terminate the temporary insurance;
3. The date we formally approve a policy: a) on a different plan; b) for a different amount; or c) at a substandard premium rate;
4. The date when we formally determine not to offer any policy; or
5. 60 days from the date of this Receipt.

If we issue and physically deliver to the proposed owner a policy on the Application, we will apply the premium received with the Application to pay the first premium. We will refund the premium received with the Application if: a) we terminate the temporary insurance; b) we issue no policy; or c) the proposed owner doesn't accept the policy as provided in the Right to Examine Policy provision of the policy.

THIS IS NOT A BINDER. NO BROKER, AGENT OR MEDICAL EXAMINER CAN ACCEPT RISKS, APPRAISE INSURABILITY OR BIND US. NO SUCH PERSON IS AUTHORIZED TO WAIVE OR CHANGE ANY TERMS OF THIS RECEIPT OR ANY OTHER RIGHTS OF THE CINCINNATI LIFE INSURANCE COMPANY. WE WILL EITHER ISSUE THE AMOUNT OF INSURANCE APPLIED FOR OR REFUND THE AMOUNT OF THE PREMIUM DEPOSITED.

Signature of Agent

Date _____
Month Day Year

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

AGENT'S REPORT																									
This report should always be completed and remain attached.																									
AGENT'S REPORT	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Source of Business:</div> <div> <input type="checkbox"/> Present Insured: Type _____ <input type="checkbox"/> Personal Acquaintance (not Proposed Insured) <input type="checkbox"/> Cold Call <input type="checkbox"/> Referral from Outside Agency <input type="checkbox"/> Reply to Mailer or Stuffer <input type="checkbox"/> Internet Source <input type="checkbox"/> Other: _____ </div> </div>																								
Purpose of Insurance:	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Personal:</div> <div> <input type="checkbox"/> Estate Conservation <input type="checkbox"/> Family Protection <input type="checkbox"/> Charitable <input type="checkbox"/> Other: _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%;">Business:</div> <div> <input type="checkbox"/> Key Person <input type="checkbox"/> Buy-Sell <input type="checkbox"/> Creditor <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____ </div> </div>																								
Juvenile Proposed Insured:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Was the child seen when the application was taken?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are all siblings insured for equal amounts?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are the parents insured for at least the same amount applied for and in force on this child?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Was the child seen when the application was taken?	<input type="checkbox"/>	<input type="checkbox"/>	Are all siblings insured for equal amounts?	<input type="checkbox"/>	<input type="checkbox"/>	Are the parents insured for at least the same amount applied for and in force on this child?	<input type="checkbox"/>	<input type="checkbox"/>												
	Yes	No																							
Was the child seen when the application was taken?	<input type="checkbox"/>	<input type="checkbox"/>																							
Are all siblings insured for equal amounts?	<input type="checkbox"/>	<input type="checkbox"/>																							
Are the parents insured for at least the same amount applied for and in force on this child?	<input type="checkbox"/>	<input type="checkbox"/>																							
Amount of Insurance:	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">The death benefit amount was determined by: (check all that apply)</div> <div> <input type="checkbox"/> Needs Analysis Software <input type="checkbox"/> Multiple of Income <input type="checkbox"/> Cost of Final Expense <input type="checkbox"/> Insured <input type="checkbox"/> Other: _____ </div> </div>																								
Rate Class:	Rate Class Quoted: _____																								
COMMISSIONS - SPLIT CASE																									
First year and renewal																									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Agent Commission Schedule Only</th> <th style="width: 30%; text-align: center;">General Agent Base Commission Schedule</th> <th style="width: 5%;"></th> </tr> <tr> <th>Case Split %</th> <th>Name</th> <th>Agency Code #</th> <th>Agent Code #</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>100%</td> <td colspan="3">Sum of percentages listed must be 100%. Percentages are Case Split ratios, not commission rates.</td> </tr> </tbody> </table>			Agent Commission Schedule Only	General Agent Base Commission Schedule		Case Split %	Name	Agency Code #	Agent Code #	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	100%	Sum of percentages listed must be 100%. Percentages are Case Split ratios, not commission rates.		
	Agent Commission Schedule Only	General Agent Base Commission Schedule																							
Case Split %	Name	Agency Code #	Agent Code #																						
_____	_____	_____	_____																						
_____	_____	_____	_____																						
_____	_____	_____	_____																						
100%	Sum of percentages listed must be 100%. Percentages are Case Split ratios, not commission rates.																								
COMMISSIONS																									

THE CINCINNATI LIFE INSURANCE COMPANY

Arkansas

UNIVERSAL LIFE CERTIFICATION

Re: Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy

I, Roger A. Brown, FSA, MAAA an officer of The Cincinnati Life Insurance Company, certify that I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with Arkansas Insurance Rule and Regulation 34. Universal Life Insurance and, to the best of my knowledge and belief, are in compliance with all applicable requirements of the Arkansas Insurance Department.



Officer

June 22, 2009

Date

Assistant Vice President and Associate Actuary

Title

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-144 (5/09), Flexible Premium Adjustable Life Insurance Policy

<u>LOCATION/ITEM</u>	<u>DESCRIPTION</u>	<u>RANGES</u>
Page 2		
Specified Amount	Amount of coverage elected by applicant.	\$50,000 minimum for Ultra Standard, Preferred Standard and Standard underwriting classes; and \$100,000 minimum for Super Select Plus, Select Plus and Select underwriting classes to \$999,999,999 maximum
Premiums payable for	Number of years for which premiums may be paid until the insured is age 121 Specifically determined by the insured's age for each policy issued.	Based on the issue ages of 18-75, the range for this variable is 46 to 103 yrs
Threshold Amount	The annual Threshold Amount determines whether the Primary Accumulation Factor or the Secondary Accumulation Factor is applied to premium. These calculations are described in more detail in the policy form and the actuarial memorandum. The annual Threshold Amount varies by the specified amount and the insured's age, gender and rate class.	\$229.00 to \$999,999,999.99
Planned Periodic Premiums	The amount the applicant selects as a planned premium. Also includes a variable for the premium mode – in this case [ANNUAL]. Payment mode chosen by applicant.	Discretionary range \$0.00 to \$999,999,999.99 Annual, Semi-Annual, Quarterly and Monthly
Maximum Monthly Fee Per \$1,000 of Specified Amount	This fee is based on the insured's age, gender and rate class as explained in the actuarial memorandum.	\$0.03 to \$1.71

EXHIBIT A (REVISED)

CONSENT TO SUBMIT RATES
AND/OR COST BASES FOR APPROVAL

The The Cincinnati Life Insurance Company ("Company") of
(Company Name)

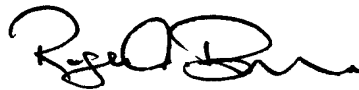
Cincinnati, Ohio 45250-5496 does hereby consent and agree
(City and State)

- A) that all premium rates and/or cost bases both "maximum" and "current or projected" or used in relation to policy form number Form CLI-144-AR (5/09) must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

- B) that, where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

The Cincinnati Life Insurance Company
(Company Name)



BY:

Roger A. Brown, FSA, MAAA

Assistant Vice President
(Title or Position)

SERFF Tracking Number:	GRJR-126149085	State:	Arkansas
Filing Company:	The Cincinnati Life Insurance Company	State Tracking Number:	42564
Company Tracking Number:	CL1144		
TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L09I.001 Single Life Adjustable Life
Product Name:	Form CL1-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy		
Project Name/Number:	Flexible Premium Adjustable Life Insurance Policy/Flexible Premium Adjustable Life Insurance Policy		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/22/2009	Supporting Document	Certification of Compliance	06/22/2009	AR Certification Of Compliance.pdf (Superceded)

THE CINCINNATI LIFE INSURANCE COMPANY

Arkansas

CERTIFICATION

Re: Form CLI-144-AR (5/09), Flexible Premium Adjustable Life Insurance Policy

I, Roger A. Brown, FSA, MAAA an officer of The Cincinnati Life Insurance Company, certify that I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with Regulation 19 and, to the best of my knowledge and belief, are in compliance with all applicable requirements of the Arkansas Insurance Department.

I also certify that an important notice, as required by Ark. Code Ann. 23-79-138, and the Notice of Arkansas Life and Disability Insurance Guaranty Association, as required by Regulation 49, will be included with all issues of policy forms.



Officer

May 22, 2009

Date

Assistant Vice President

Title